

Open Door Forum Newsletter

Hot Announcements !

November 2002 *Nursing Home Quality Initiative*

Volume 2, Issue 2

On Nov 12th, CMS Administrator Tom Scully joined HHS Secretary Tommy G. Thompson in launching the national Nursing Home Quality Initiative, a broad effort to improve quality in nursing homes across the country through a four-pronged effort, consisting of:

Stats of the Month !

To date, more than **10,000** guests have participated in the forums.

2,142 teleconference lines were open to individual and group participants and more than **435** guests visited with the CMS Administrator and staff during the Open Door Forums held during the month of October.

- CMS' continuing regulatory and enforcement efforts conducted by state survey agencies;
- Improved consumer information on the quality of care in nursing homes;
- Continual community-based, quality improvement programs offered to nursing homes by Medicare's Quality Improvement Organizations (QIOs); and
- Collaboration and partnership to leverage knowledge and resources

"This is a new approach to bringing about better quality care in our nation's nursing homes," Secretary Thompson said. "Not only will consumers be better informed, but nursing homes themselves will be able to see more clearly what they must do to make the quality grade. They will have to compete in the quality arena. This is a major effort, and it will grow and improve over time, with improving data and new levels of collaboration to help nursing homes ensure high quality care." For more information and answers to frequently asked questions (FAQs), please click here:

www.cms.hhs.gov/providers/nursinghomes/nhi/

In related news, CMS recently published advertisements in 71 newspapers in all 50 states that included a sampling of the quality data (found here: www.cms.hhs.gov/providers/nursinghomes/nhi/printads/). The complete quality data, as well as "A Guide To Choosing A Nursing Home," are available at Medicare's consumer web site, www.medicare.gov, and through Medicare's help line, 1-800-MEDICARE.

"We know nursing homes are just as interested in improving the high quality care they already give to their residents as we are," CMS Administrator Tom Scully said. "By making this information available to the nursing homes and consumers, we are seeing a collaborative effort to do even more to raise the bar on quality."



Information Disclaimer: The information provided in this newsletter is only intended to be general summary information to the public. It is not intended to take the place of either the written law or regulations.

Links to Other Resources: Our newsletter may link to other federal agencies and private organizations. You are subject to those sites' privacy policies. Reference in this newsletter to any specific commercial products, process, service, manufacturer, or company does not constitute its endorsement or recommendation by the U.S. Government, HHS or CMS. HHS or CMS is not responsible for the contents of any "off-site" resource referenced.



Medicare 2002 National Multi-Media Campaign

CMS has launched the multi-media element of its national education campaign to introduce Medicare as an important source of health care information. The campaign is designed to build public awareness of 1-800-MEDICARE and to change the perception of Medicare from a claims processor to an information resource that helps answer questions about beneficiaries health care options.

The goal of the campaign is to inform and motivate people with Medicare and their caregivers to call 1-800-MEDICARE, visit www.medicare.gov, and refer to the *Medicare & You 2003* handbook for answers to their Medicare questions. The multi-media elements consist of national television, print and Internet advertising in addition to Spanish language television, radio and print media.

The advertising features Medicare's health care information resources that can help you narrow your search for a Medicare health plan, a doctor in your area that accepts Medicare, or a nursing home. It also promotes Medicare information on prescription drug discount programs, preventive health benefits, and supplemental insurance programs.

The multi-media education campaign runs from late October, 2002 through spring, 2003. It coincides with the annual Medicare health plan fall enrollment period and the mailing of the *Medicare & You 2003* handbook to 34 million Medicare beneficiaries' homes.

CMS Strategic Plan

CMS has been working to update its Strategic Plan, which was last issued in 1998. The Strategic Plan describes CMS' direction for the next several years and changes in the Agency, including the Agency's recent restructuring and new focus on a culture of responsiveness.

We plan to release the draft Strategic Plan on the CMS Web site at: www.cms.hhs.gov, for a 30-day comment period to obtain feedback from our external partners, stakeholders, and the public on the Agency's future direction. A notice will be posted on the Open Door Forums' Web site when the draft Strategic Plan becomes available for comment.

2003 Quality Assessment Performance Improvement

CMS invites you to visit our web-page dedicated toward assisting you in designing, conducting, and implementing the 2003 national QAPI project on clinical health care disparities or culturally and linguistically appropriate services.

To view the web-site, please click here:
www.cms.gov/healthplans/quality/project03.asp

Health Plan Options

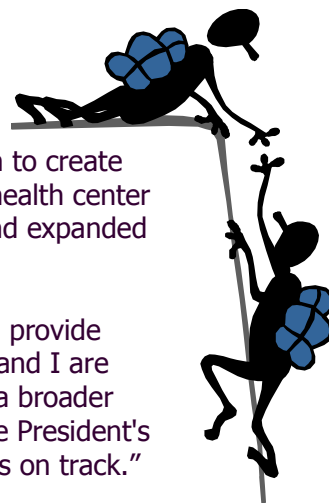
CMS has recently posted the 2003 Medicare + Choice (M+C) plan benefits and monthly premium and cost sharing amounts on our Medicare Health Plan Compare web site. This information can be used by beneficiaries to help them make informed healthcare decisions.

Data from the 2003 Adjusted Community Rate Proposals (ACRPs) have been used to populate the Medicare Compare database. The ACRPs include the benefits an M+C organization plans on offering as well as their cost for offering those benefits. For more info, visit: www.medicare.gov/MPHCompare/Home.asp

Because it is important to remember that Medicare health plan options are all forms of insurance, CMS would like to point you in the right direction when making important choices regarding which option may be best for you and your family.

Please visit our Medicare Personal Plan Finder at: www.medicare.gov/MPPF/home.asp to help you learn about the health plan choices you have as a Medicare beneficiary.

President Bush Signs Bill Reauthorizing the Community Health Center Program



On Oct 4th, HHS Secretary Tommy G. Thompson announced 13 grants totaling \$4.9 million to create new health center sites and expand services at existing centers. The awards continue the health center expansion begun this fiscal year under President Bush's five-year plan to add 1,200 new and expanded health center sites and to eventually double the number of patients treated at them.

"The grants will expand the reach of the nation's network of community health centers and provide greater access to care to those most in need," Secretary Thompson said. "President Bush and I are committed to expanding services through community health centers nationwide as part of a broader strategy to help those Americans who lack health insurance. We urge Congress to fund the President's \$1.5 billion request for health centers next year and keep our health center expansion plans on track."

For more information, click here: <http://newsroom.hrsa.gov/releases/2002releases/accessfinal.htm>

ESRD Network Quality Improvement Initiative

Among the many topics raised during the End Stage Renal Disease (ESRD) & Clinical Labs forums and after further discussions with partners in the renal community, CMS has concluded that there is a need to consider focusing in on a single national topic relevant to ESRD quality. After much consideration, the one that received the most interest was that of vascular access.

CMS, vascular surgeons, the Networks and facilities will work collaboratively toward the development of an improvement strategy that will lead to both the determination of the type of access most suitable for ESRD patients and improvement of health and quality of life.

Among the first steps toward goals in quality improvement will be an examination of what is available and the clinical strategies for achieving change.

Help to Those Who Need it Most

Recently, and in response to an external financial crisis putting at risk Washington D.C.'s system for delivering health care to the District's low-income community, CMS Administrator Tom Scully and HHS Secretary Tommy G. Thompson agreed to a one-year suspension of monthly debt payments, which will free up \$1 million in cash for the hospital; accelerate Medicare payments already approved for the hospital; and expedite payment of \$3 million in outstanding Medicare claims.



This immediate infusion of federal help greatly supports for the District's privatized charity health care system, which ensures that access to quality health care for low-income beneficiaries remains available and that appropriate health care services are delivered in a timely and coordinated manner.

To read more, please click here:

www.washingtonpost.com/ac2/wp-dyn/A43494-2002Nov26?language=printer
("Court Ruling Buys Time For D.C. Health Network" / Washington Post -November 27, 2002; Page B01)



Hot Transmittals and Program Memoranda!

The **new ABN implementing instructions**, PM AB-02-168, effective Jan 1st, 2003 replace AB-02-114, which was effective Oct 1st, is a national policy and should not vary from contractor to contractor. Contractors should publish the new PM on their web-sites by Dec 2nd.

ABNs are notices that providers or supplier give to beneficiaries to sign when a provider delivers service that he or she believes that Medicare does not consider medically necessary or that Medicare will not pay for. The new instructions have liberalized the longstanding prohibition on the routine use of ABNs in the case of frequency-limited services. For further details, please click here: www.cms.gov/manuals/pm_trans/AB02168.pdf

On Oct 25th, CMS delivered instructions regarding payment for **diabetes education and medical nutrition therapy**. This transmittal confirms that Medicare non-physician practitioners, such as nurse practitioners or registered dietitians who are eligible to render other Medicare services, may bill on behalf of a Diabetes Outpatient Self-Management Training Services (DSMT) program and explains that payment to non-physician practitioners billing on behalf of the DSMT program should be made as if rendered by a physician.

For more details, please click here: www.cms.gov/manuals/pm_trans/AB02151.pdf

Section 15016 of the Medicare Carriers Manual regarding **supervision by teaching physicians** has been revised to clarify acceptable medical record documentation and address supervision requirements. The manual revision, which is CR #2290, was published on Nov 22nd and is available on our website at:

www.cms.gov/manuals/pm_trans/R1780B3.pdf

Program memorandum A-02-120, issued by CMS on Nov 22nd, clarifies, generally, how Medicare will pay for **Low Osmolar Contrast Material** (LOCM) under the Outpatient Prospective Payment System (OPPS). The purpose of this PM is to remove the requirements that currently apply to payment for LOCM for hospitals that are subject to the OPPS. Under the OPPS, separate payment is not made for ionic and non-ionic contrast material.

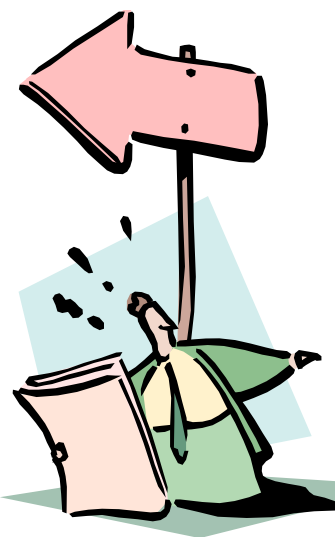
For further details, please click here: www.cms.gov/manuals/pm_trans/A02120.pdf

Notice of Proposed Rule Making: Nondiscrimination in Post-Hospital Referral to HHAs & other Entities

As discussed in several forums over the past months, CMS would like to receive your formal comments on post-hospital referrals to home health agencies and other entities.

The proposed rule establishes a process for CMS to collect, maintain, and make available to the public information about referrals of Medicare patients discharged from hospitals to home health agencies (HHAs) and other entities in which the hospitals have a financial interest, or which have financial interest in the hospitals. This rule implements section 4321 (b) and (c) of the Balanced Budget Act of 1997.

The comment period for the rule will extend 60 days from the date of publication. CMS is seeking public comments on several points, including the best means of making this information available to the public. Information regarding where to send comments is provided in the regulation. The Federal Register website, where the regulation can be obtained, is: www.access.gpo.gov/su_docs/aces/aces140.html



HIPAA Transaction and Code Set Standards

While the Department of Health and Human Services' Office of Civil Rights (OCR) continues to provide information regarding the enforcement of HIPAA's privacy requirements, CMS has created a new Office of HIPAA Standards (OHS) to focus on enforcement of HIPAA's transaction and code set standards and HIPAA's portability requirements. OCR will be available during several of our forums in the upcoming months –so stay tuned!

Also, CMS welcomes your attendance at the roundtable scheduled for Jan 15th, 2003 from 2-3:30 EST. The call in number is (877) 381-6315 and the ID is 6632809 –for more information, click here: www.cms.hhs.gov/hipaa or dial the CMS HIPAA Hotline at: (866) 282-0659.



Please note the following important dates and resources:

Dates for the expected publication of regulations:

Final Rule on Modifications to Transactions and Code Set Standards - Dec 2002
Final Rule on Security Standards - Dec 2002
Final Rule on Provider Identifier - Early 2003
Proposed Rule on Health Plan Identifier - Early 2003
Interim Final Rule on Medicare Electronic Billing Requirements Spring 2003
Proposed Rule on Claims Attachments - April 2003
Proposed Rule on Enforcement of HIPAA Standards -Mid 2003

Resources:

FREE Listserve – <http://aspe.os.dhhs.gov/admsimp/lsnotify.htm> - Sign up to receive notification when proposed or final rules on HIPAA have been published in the Federal Register (The Federal Register is the place where the government, upon passing a law, tells the public how the law will be implemented).

CMS E-Mail box – askhipaa@cms.hhs.gov. Send your questions on HIPAA administrative simplification here.

CMS Medicaid HIPAA web address - www.cms.hhs.gov/medicaid/hipaa/admsim/

Privacy-related information – www.hhs.gov/ocr/hipaa/whatsnew.html - The U.S. Department of Health & Human Services' Office for Civil Rights oversees the privacy requirements. Visit their website for more information. Privacy-related questions should be directed to OCRPrivacy@hhs.gov or call (866) 627-7748.

Other information on "administrative simplification" requirements of HIPAA- <http://aspe.hhs.gov/admsimp/>

Improving Community Services for Beneficiaries with Disabilities or Long Term Illnesses

On Sep 28th, 2001, the Secretary for the Department of Health and Human Services, Tommy G. Thompson, announced that the Centers for Medicare & Medicaid Services (CMS) awarded approximately \$64 million in new grants to develop programs for people with disabilities and long term illnesses. These grants, awarded in 37 States and one Territory, are a key part of President George W. Bush's New Freedom Initiative to remove barriers to equality for the 54 million Americans living with disabilities.

To review the most **current** CMS efforts regarding Systems Change Grants for Community Living, please click here: www.cms.gov/systemschange/default.asp

The New CMS Open Door Forum ListServ

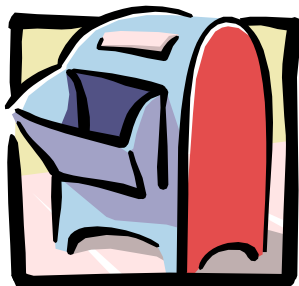
To encourage consistency and efficiency in delivering announcements, invitations, schedules and other important news through the Open Door Forums, CMS has made it even easier for you to get involved. Notifications of the meetings will be distributed via the new Open Door Forum ListServ in the form of e-mail messages. As a registrant, you will receive notification of forums and relevant information pertaining to the Forum(s) you have selected. The menu on the website displays 12 forums. Each title is a link to the specified registration page. Everyone is required to subscribe to each forum(s) of their interest. To register, click here: www.cms.hhs.gov/opendoor/listservs.asp and follow these important steps:

1. Select the forum(s) list you would like to join;
2. Enter your correct e-mail Address;
3. Enter your First and Last Name;
4. Click "Join the List"

If you are currently receiving notifications of the forums by direct e-mail, please RE-REGISTER by Jan 31st, 2003.

To better identify with the types of issues and audience it serves, the Pharmacy Open Door Forum is now called the Pharmaceutical, Pharmacy & Device Manufacturers Open Door Forum.

For any information regarding the Open Door Forum Initiative, please feel free to contact Tom Barker, Special Assistant to the Administrator for Policy and Outreach at (202) 690-0056 or: tbarker@cms.hhs.gov



Open Door Forums

How To Stay Involved!

The CMS Open Door Forums are a great way to stay on top of the issues at CMS. So far we've had more than 10 thousand visitors from all around the country and even other parts of the world participate and look forward to reaching out even further. To learn more about this initiative in its entirety, please visit:

www.cms.gov/opendoor/

The Open Door Forums are on the Move!

On Nov 19th, Ruben King-Shaw Jr., CMS' Chief Operating Officer and Deputy Administration hosted the Physician Open Door Forum from the [Wake Forest University School of Medicine](#) in Winston-Salem, NC. A recipient of great hospitality from both the University and the Medical Group Management Association (MGMA) for its help coordinating this forum, CMS shared several important messages to the more than 700 participants who dialed in as well as the more than 115 Wake Forest physicians, administrative staff, and local MGMA members who attended. Among those messages shared were CMS priorities, status updates on the physician fee schedule, advanced beneficiary notices, and documentation requirements for supervision of family practice residents.

Taking advantage of his time spent in North Carolina, Mr. King-Shaw, who also chairs the Diversity Open Door Forum, met with the President and leadership of nearby [Livingstone College](#) – one of our Nation's oldest Historically Black Colleges or Universities (HBCU). Topics discussed during the visit regarded racial and ethnic disparities in health care.



Next up –We will host the Jan 16th, 2003 Health Plans Open Door Forum in New York City and our Jan 27th, 2003 Physician Open Door Forum in Boston, MA with help from the Massachusetts Medical Society. To learn more about how we may come to a town near you, please see the contact info to the left.